



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



Public Health
Prevent. Promote. Protect.

APPLICATION FOR BODY PIERCER CERTIFICATE OF REGISTRATION IN THE TOWN OF NORWOOD

Complete and return this form with \$100.00 registration fee
made out to:

TOWN OF NORWOOD
NORWOOD BOARD OF HEALTH
566 WASHINGTON STREET
P.O. BOX 40
NORWOOD, MA 02062

Upon satisfactory review of the application and receipt of the registration fee, a numbered registration certificate will be issued by the Norwood Health Department.

_____ New Application _____ Renewal

1. Name: _____
(Last Name) (First Name) (Middle Initial)

2. Date of Birth: _____
(Month) (Day) (Year)

3. Identification:

Type of Identification Card _____ State Drivers License

_____ State Identification Card

License or

Identification Card Number: _____

(State and Number)

4. Facility Name: _____

5. Facility Address: _____

(Street)

(Town)

(Zip)

6. Facility Telephone: _____

7. Provide the following:

Evidence of course completion in Preventing Disease Transmission. (Applicant must show a dated certificate of completion from either American Red Cross or Association of Professional Body Piercers)

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- B. Evidence of current certification in First Aid/CPR. (Applicant must show a dated certificate of completion of a course in First Aid/CPR which demonstrates the required course was completed within the last two (2) years).**
- C. Proof of completion of a course in Anatomy and Physiology.**
- D. Proof of one (1) year of apprenticeship training.**

APPLICANT/BODY PIERCER STATEMENT OF CONSENT

I understand that this registration expires on December 31 of this year. I understand that any notice required to be given by the Norwood Health Department to me may be given by mailing notice to the address of the last place of business (facility address) of which I have notified the Norwood Health Department. I have received a copy of the Norwood Health Department's regulations and recommended infection control procedures regarding body piercing. I agree to abide by these regulations and procedures. I agree to work only out of facilities that are in compliance with Norwood Health Department requirements. I agree to post the following valid and updated documents conspicuously in my place of business at all times:

Certificates of Registration for all body piercers working in the facility.

A signed copy of an agreement to comply with Norwood Health Department Rules and Regulations for Body Piercing, which contains the Recommended Procedures and Infection Control Practices for Body Piercing.

A signed copy of compliance with Norwood Health Department Recommended Procedures and Infection Control Practices for Body Piercing.

I hereby certify, under the penalties of perjury, that to the best of my knowledge, the information provided on this application is completed and accurate and not misrepresented in any way.

Date

Signature

Name and Title (Print)

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CLIENT'S CONSENT FORM

A client consent form for receiving body piercing **MUST** contain at least the following information and must be kept on file by the Body Piercer for a minimum of three years.

Client's Name _____

Record of Client Forms of Identification (NOTE: for your own protection make a photocopy of both sides of the identification card). If you are unable to photocopy, write down all information on the identification card. IF YOU HAVE ANY DOUBTS ABOUT THE AUTHENTICITY OF THE IDENTIFICATION, DO NOT PIERCE THE CLIENT!

Signed statements from the client which include the following:

I certify that I am at least 18 years of age and have provided legitimate identification to validate this.

I am not currently under the influence of alcohol or drugs that might impair my judgement.

I have:

___ Reviewed ordinance section on sanitary procedures for body piercing.

___ Been informed of the risks of receiving body piercing, including the possibility of allergic reaction to jewelry.

___ Been given a care/instruction sheet on how to take care of my body piercing.

___ Been informed of procedures for reporting any complications with the piercing to the body piercer and to medical personnel.

Client's Signature: _____

Date: _____